



**ADULT FAMILY FOSTER CARE HOME AFFIDAVIT OF
STANDARD OF COMPLIANCE - IN LIEU OF LICENSE**

ND DEPARTMENT OF HUMAN SERVICES/Aging Services
SFN 915 (Rev. 10-2000)

(Name of Affiant) _____ deposes and says that
(s)he is duly appointed and acting agent of the (Military Base or Tribal Council) _____
_____ having authority to investigate and approve Adult Family Foster Care Homes within
the jurisdiction of the _____ Federal Reservation.

That on (Month) _____ (Day) _____, 20____, (s)he investigated the (Name of
Facility) _____ located at (Street - Rural Route) _____
in (City) _____, (County) _____ North Dakota.

That investigation and findings thereof show that the facility referred to above is in compliance with the
requirement of NDCC 50-11, North Dakota Administrative Code 75-03-21, and Adult Family Foster Home Care
standards established by the North Dakota Department of Human Services.

Affiant:

Subscribed and sworn to me this _____ day of _____, 20____.

Base Commander, Tribal Chairperson, or other Authorized Person:

Federal Reservation:

This affidavit is issued for the period of _____, 20____ through
_____, 20____.